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MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCYUZ, ATION SHEET (FOR USE (H FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I*AMENDMENT AFTER 2 [™] AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. 3 HAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 52 71 23 79 33 39. 89. 41. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL CLAIMS P.TO - 1360 (REV. 11/04) U.S. DEPARTMENT of COMMERCE

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